



Waitlist Application

Please send one application along with an application fee of \$20.00 per child.

Application Date _____ Desired Start Date _____

Child's Name _____ Birthdate/Due Date _____

Address _____

State _____ Zip Code _____ Home Phone _____

Mother's Name _____ Work Phone _____

Employer _____ Alternate contact # _____

Are you an employee of the federal government? _____

Father's Name _____ Work Phone _____

Employer _____ Alternate contact # _____

Are you an employee of the federal government? _____

Is your child a sibling of one of your previously enrolled children? _____

Desired Schedule / Comments (*we no longer offer half days as part of our schedules)

Office Use Only

Application fee rcvd : cash or check# _____
1st offer

2nd offer